

STATEMENT OF RECEIPTS AND EXPENDITURES
SUMMARY PAGE

| |
|---|
| 1. NAME OF COMMITTEE (In Full) Elect Mary Smith for State Representative |
| NAME OF TREASURER <input type="checkbox"/> (Check if treasurer has changed since last report) Alfred T. Butler |
| ADDRESS OF TREASURER (No., Street, Town, State, ZIP Code) 100 Elm Street New Haven, CT 06000 <input type="checkbox"/> Check if address different than previously reported. |
| 2. NAME OF CANDIDATE (See instructions) Mary Smith |
| OFFICE SOUGHT (If applicable) DISTRICT NO. (If appl.) State Representative 152 |
| PRIMARY, ELECTION, REFERENDUM (Date) November 7, 2006 |

| |
|---|
| 3. FILING DUE DATE: 10 - 10 - 2006 |
| PERIOD COVERED 7-01-2006 THROUGH 9-30-2006 |
| 4. TYPE OF REPORT (Check or fill all appropriate boxes) (a) <input type="checkbox"/> January 20 ____ Filing Date <input type="checkbox"/> April 20 ____ Filing Date <input type="checkbox"/> July 20 ____ Filing Date <input checked="" type="checkbox"/> October 20 04 ____ Filing Date <input type="checkbox"/> 7th day preceding Primary on ____ <input type="checkbox"/> Within 30 days following Primary on ____ <input type="checkbox"/> 7th day preceding Election or Referendum on ____ <input type="checkbox"/> Within 45 days following Election or Ref. on ____ <input type="checkbox"/> 90 Day Report <input type="checkbox"/> Deficit Report (b) State Central Committees Only <input type="checkbox"/> January 30th, 20 ____ <input type="checkbox"/> April 10, 20 ____ <input type="checkbox"/> July 10, 20 ____ <input type="checkbox"/> 12th day preceding Election on ____ (c) <input type="checkbox"/> Amendment to previous report filed ____ <input type="checkbox"/> Termination Report |

| | COLUMN A THIS PERIOD | COLUMN B AGGREGATE |
|---|-------------------------|-----------------------|
| 5. Balance on hand January 1, 20 ____ for Ongoing and Party committees OR the Balance on hand from the day the Committee was formed for all other committees | | (5) 0 |
| 6. Balance on hand at the beginning of Reporting Period | (6) 0 | |
| 7a. Contributions received from Individuals (Sections A and B) | (7a) 1,185.00 | 1,185.00 |
| 7b. Contributions and reimbursements received from Other Committees (Section C) | (7b) 200.00 | 200.00 |
| 7c. Other monetary receipts (Sections D-K) | (7c) 2,520.00 | 2,520.00 |
| 7d. Total monetary receipts (add totals in lines 7a, 7b, and 7c for total receipts) | (7d) 3,905.00 | 3,905.00 |
| 8. Subtotals (add totals in lines 6, and 7d for Column A, and add totals in lines 5 and 7d for Column B) | (8) 3,905.00 | 3,905.00 |
| 9. Expenditures (Section N) | (9) 1,736.00 | 1,736.00 |
| 10. Balance on hand at close of Reporting Period (subtract line 9 from 8) | (10) 2,169.00 | 2,169.00 |
| 11. In-Kind Contributions Received (Section M) | (11) 100.00 | 100.00 |
| 12. Expenses incurred but not paid to date (Section O) | (12) 200.00 | 200.00 |
| 13. Candidate's payment of expenses (Section P) | (13) 190.00 | |
| 14. Loans outstanding (total: principal and interest due) | (14) 1,100.00 | |

I do hereby swear, under penalty of false statement, that I make this statement in accordance with the requirements of Chapter 150 of the Connecticut General Statutes, that this is a complete itemized statement which contains all of the information required by Chapter 150, for the period shown above, and that I have provided a copy thereof to the candidate or chairman.

Alfred T. Butler
Signature of Treasurer or Deputy Treasurer

Alfred T. Butler
Print or Type name of Preparer

10 / 10 / 06
Date

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1000.00,
OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

RECEIPTS

(Committee Receipts are disclosed in sections A - K of this form)

| | | | | | | |
|---|--|---|---|---|----------------------|-----------|
| A. Total contributions from small contributors - Received this Period Only (Small contributors are those whose total monetary contributions for all periods have not exceeded \$30) | | | | Subtotal Section A | \$ 425.00 | 1 |
| B. Contributions from individuals over \$30 in the Aggregate (SEE INSTRUCTIONS FOR WHAT INFORMATION MUST BE DISCLOSED) | | | | | | 14 |
| FULL NAME, COMPLETE ADDRESS John Brown 90 Maple St. Hartford, CT | | PRINCIPAL OCCUPATION NAME OF EMPLOYER | <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | Date Rec'd. 7-28 | Amt. of Contribution | 2 |
| Is the Contributor a: Lobbyist <input checked="" type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent <input type="checkbox"/> | | Does the contributor or business he/she is associated with have a contract with the State valued at more than \$5,000 <input type="checkbox"/> Yes <input type="checkbox"/> No | Aggregate \$ 80.00 | \$ 80.00 | | |
| FULL NAME, COMPLETE ADDRESS Samuel Johnson 44 Spruce St. East Hartford, CT | | PRINCIPAL OCCUPATION NAME OF EMPLOYER | <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | Date Rec'd. 7-28 | Amt. of Contribution | 3 |
| Is the Contributor a: Lobbyist <input type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent <input type="checkbox"/> | | Does the contributor or business he/she is associated with have a contract with the State valued at more than \$5,000 <input type="checkbox"/> Yes <input type="checkbox"/> No | Aggregate \$ 40.00 | \$ 40.00 | | |
| FULL NAME, COMPLETE ADDRESS Jack Smith 25 Oak St. New Haven, CT | | PRINCIPAL OCCUPATION Plumber NAME OF EMPLOYER Jones Plumbing | <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | Date Rec'd. 7-28 | Amt. of Contribution | 4 |
| Is the Contributor a: Lobbyist <input type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent <input type="checkbox"/> | | Does the contributor or business he/she is associated with have a contract with the State valued at more than \$5,000 <input type="checkbox"/> Yes <input type="checkbox"/> No | Aggregate \$ 200.00 | \$ 200.00 | | |
| FULL NAME, COMPLETE ADDRESS Richard Grayson 30 Redwood St. Fairfield, CT | | PRINCIPAL OCCUPATION NAME OF EMPLOYER | <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | Date Rec'd. 9-9 | Amt. of Contribution | 16 |
| Is the Contributor a: Lobbyist <input type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent <input type="checkbox"/> | | Does the contributor or business he/she is associated with have a contract with the State valued at more than \$5,000 <input type="checkbox"/> Yes <input type="checkbox"/> No | Aggregate \$ 40.00 | \$ 40.00 | | |
| FULL NAME, COMPLETE ADDRESS Bruce Wayne 12 Beach Ave. Southbury, CT | | PRINCIPAL OCCUPATION NAME OF EMPLOYER | <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | Date Rec'd. 9-15 | Amt. of Contribution | 17 |
| Is the Contributor a: Lobbyist <input type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent <input type="checkbox"/> | | Does the contributor or business he/she is associated with have a contract with the State valued at more than \$5,000 <input type="checkbox"/> Yes <input type="checkbox"/> No | Aggregate \$ 100.00 | \$ 100.00 | | |
| FULL NAME, COMPLETE ADDRESS Max Shreck 92 Pine St. Glastonbury, CT | | PRINCIPAL OCCUPATION C.E.O. NAME OF EMPLOYER Shrecks Department Store | <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | Date Rec'd. 9-15 | Amt. of Contribution | 21 |
| Is the Contributor a: Lobbyist <input type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent <input type="checkbox"/> | | Does the contributor or business he/she is associated with have a contract with the State valued at more than \$5,000 <input type="checkbox"/> Yes <input type="checkbox"/> No | Aggregate \$ 240.00 | \$ 240.00 | | |
| FULL NAME, COMPLETE ADDRESS Jeffrey Green 1 Lynk St. New Haven, CT | | PRINCIPAL OCCUPATION NAME OF EMPLOYER | <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other | Date Rec'd. 9-15 | Amt. of Contribution | 22 |
| Is the Contributor a: Lobbyist <input type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent <input type="checkbox"/> | | Does the contributor or business he/she is associated with have a contract with the State valued at more than \$5,000 <input type="checkbox"/> Yes <input type="checkbox"/> No | Aggregate \$ 60.00 | \$ 60.00 | | |
| | | | | Subtotal Section B - This Section | \$ 760.00 | |
| | | | | Total of all Section B Pages (enter this amount on the Monetary Receipts Worksheet on Page 5) | \$ 760.00 | |

| C. Contributions and Reimbursements From Other Committees Or Contributions From People Other Than Individuals (Identify each reimbursement - see Instructions) | | | |
|---|--|------------------|-----------------|
| Name and Address of Committee, Treasurer's Name | <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement | Date Rec'd. | Amt. Rec'd. |
| New Haven Town Committee 70 Pine St. New Haven, CT John Smith | | 7-28-06 | |
| | | Aggregate | |
| | | \$100.00 | \$100.00 |
| Better Connecticut PAC 5 Vine St. Bridgeport, CT Lisa Baker | <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement | 7-28-06 | |
| | | Aggregate | |
| | | \$ 100.00 | \$100.00 |
| | <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement | Date Rec'd. | Amt. Rec'd. |
| | | Aggregate | |
| | | \$ | |
| | <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement | Date Rec'd. | Amt. Rec'd. |
| | | Aggregate | |
| | | \$ | |
| Subtotal Section C - This Page | | | \$200.00 |
| Total of all Section C Pages (enter this amount on Line 7b Column A on the Summary Page) | | | \$200.00 |

| | |
|---|---|
| D. Anonymous Contributions Specify the dollar amount of the bills received <div> <div>11</div> <div> \$ 1 bills <u>15</u> \$ 2 bills _____ \$ 5 bills _____ \$10 bills _____ coins _____ </div> </div> Anonymous Contributions over \$15 Prohibited! <div> <div>Subtotal Section D</div> <div>\$ 15.00</div> </div> | I. Loans Received This Period Creditor's Full Name, Complete Address Mary Smith 250 Oak St. New Haven, CT \$ <u>400.00</u> Amount Received Cosigner/Guarantor, Complete Address None Creditor's Full Name, Complete Address Fleet Bank 900 Pine St. New Haven, CT \$ <u>800.00</u> Amount Received Cosigner/Guarantor, Full Name, Complete Address Peter Penguin Samuel Johnston 3 Ire St. 44 Spruce St. East Haven, CT East Hartford, CT |
| E. Amount Transferred from Corporate or Business Treasury <div> <div>Subtotal Section E</div> <div>\$ N/A</div> </div> | <div> <div>7</div> <div> <div>Subtotal Section I</div> <div>\$ 1,200.00</div> </div> </div> |
| F. Amount Transferred from Parent Organizations <div> <div>Subtotal Section F</div> <div>\$ N/A</div> </div> | |
| G. Personal funds of the Candidate Received this Period <div> <div>9</div> <div> <div>Subtotal Section G</div> <div>\$ 600.00</div> </div> </div> | |
| H. Interest from Deposits in Authorized Accounts <div> <div>12</div> <div> <div>Subtotal Section H</div> <div>\$ 5.00</div> </div> </div> | J. Miscellaneous Monetary Receipts not Considered Contributions (Specify source when over \$100) <div> <div>Subtotal Section J</div> <div>\$ 0.00</div> </div> |

K. Fundraising Events (Please see instructions)

(1) List each Fundraising Event with date, location, type of event and ticket price

| | |
|--|--|
| #1 8-15-2006; Barbecue; 12 Eastside Drive; New Haven Date Location Type of Event Ticket Price (if applicable) | #3 9-15-2006; Golf Outing; New Haven C.C.; 60.00 Date Location Type of Event Ticket Price (if applicable) |
| #2 9-9-2006; Picnic; Quinnipac River Park; 20.00 Date Location Type of Event Ticket Price (if applicable) | #4 Date Location Type of Event Ticket Price (if applicable) |

(2) For each event enter the gross proceeds for each category (include only receipts **not considered contributions**)
(See Section 9-333b (b), C.G.S.)

| | |
|---|---|
| #1 Ad booklet purchases \$ 0 Other Purchases not considered contributions .. \$ - 0 Food & Beverage Receipt at Fair (Town Committee Only) \$ N/A Total Event #1 \$ 0 | #3 Ad booklet purchases \$ Other Purchases not considered contributions .. \$ Food & Beverage Receipt at Fair (Town Committee Only) \$ Total Event #3 \$ |
| #2 Ad booklet purchases \$ 700.00 Other Purchases not considered contributions .. \$ - 0 Food & Beverage Receipt at Fair (Town Committee Only) \$ N/A Total Event #2 \$ 700.00 | #4 Ad booklet purchases \$ Other Purchases not considered contributions .. \$ Food & Beverage Receipt at Fair (Town Committee Only) \$ Total Event #4 \$ |

(3) Purchase of Advertising Space in Program Booklets **Not** Considered Contributions

| Name and Address | Date Rec'd. | Amount of Ad | Event # | Name and Address | Date Rec'd. | Amount of Ad | Event # |
|--|----------------|---|----------|---|----------------|---|----------|
| Linda Meyers 12 Cypress St. Hartford, CT | 9/10/06 | \$ 50.00 Aggregate to date \$ 50.00 | 3 | Bahre Buick 12 Auto Ave. New Haven, CT | 9/11/06 | \$ 100.00 Aggregate to date \$ 100.00 | 3 |
| Janet Hill 30 Broad St. Hartford, CT | 9/10/06 | \$ 50.00 Aggregate to date \$ 50.00 | 3 | Frank Ford 14 Auto Ave. New Haven, CT | 9/11/06 | \$ 100.00 Aggregate to date \$ 100.00 | 3 |
| James Clavet 12 Oak St. Hartford, CT | 9/10/06 | \$ 50.00 Aggregate to date \$ 50.00 | 3 | Prime Dodge 16 Auto Ave. Branford, CT | 9/11/04 | \$ 100.00 Aggregate to date \$ 100.00 | 3 |
| Leslie Jones 24 Briarwood Ave New Haven, CT | 9/10/06 | \$ 50.00 Aggregate to date \$ 50.00 | 3 | Baker & Greene 20 Beacon St. New Haven, CT | 9/11/06 | \$ 50.00 Aggregate to date \$ 50.00 | 3 |
| Smith and Jones 12 Light Lane New Haven, CT | 9/10/06 | \$ 50.00 Aggregate to date \$ 50.00 | 3 | Morton Mazda 10 Auto Ave New Haven, CT | 9/11/06 | \$ 100.00 Aggregate to date \$ 100.00 | 3 |

Total Section K
(Receipts **not** considered contributions) **\$ 700.00**

K(4) In-Kind Donations Not Considered Contributions

(Do Not Enter on Summary Page)

[illegible]

*invitations; *food; *beverages

*items of personal property - list separately

*business goods or services - list separately

DETAILS and INSTRUCTIONS on REVERSE

MONETARY RECEIPTS WORKSHEET

Contributions Received from Individuals

| | |
|--|---------------|
| • Contributions from Small Contributors (Subtotal Section A) | 425.00 |
| • Contributions from Individuals (Subtotal Section B) | |
| | + |
| | 760.00 |

Total Section A&B (Enter on Line 7a Column A) **\$ 1,185.00**

Contributions Received from Committees

Total Section C (Enter on Line 7b Column A) **\$ 200.00**

Other Monetary Receipts

| | |
|--|-----------------|
| • Anonymous Contributions (Subtotal Section D) | 15.00 |
| • Amount Transferred from Business Entity (Subtotal Section E) | -0- |
| • Amount Transferred from Parent Organization (Subtotal Section F) | -0- |
| • Personal Funds of the Candidate (Subtotal Section G) | 600.00 |
| • Interest from Deposits (Subtotal Section H) | 5.00 |
| • Loans Received this Period (Subtotal Section I) | 1,200.00 |
| • Miscellaneous Monetary Receipts (Subtotal Section J) | -0- |
| • Receipts from Fundraisers <u>not</u> considered Contributions (Subtotal Section K) | 700.00 |
| | + |

Total Section D-K (Enter on Line 7c Column A) **\$ 2,520.00****L. Refundable Deposit to Telephone Company**

NOTE: THIS SECTION REFERS ONLY TO DEPOSITS BY INDIVIDUALS FROM PERSONAL FUNDS TO BENEFIT THE COMMITTEE, NOT DEPOSITS MADE BY THE COMMITTEE

Name & Address of Individual Advancing Deposit

☐ Lobbyist ☐ Lobbyist Spouse ☐ Lobbyist DependentSubtotal Section L **\$ -0-**

Amount of Deposit \$

Date Deposit Made

(This section will not be entered on the summary page)

M. In-Kind Contributions

| Full Name, Complete Address | Description of In-Kind Contribution | Date Received | Estimated Value Aggregate Contribution | Estimated Value of this Contribution |
|---|-------------------------------------|---------------|--|--------------------------------------|
| Cathy White, 10 Cedar Street Danbury, CT | Postage & Envelopes | 9-9-06 | \$ 100.00 | \$ 100.00 |
| Is Contributor a: <input type="checkbox"/> Lobbyist <input type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent | | | | |
| Full Name, Complete Address | | | | |
| Is Contributor a: <input type="checkbox"/> Lobbyist <input type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent | | | | |
| Full Name, Complete Address | | | | |
| Is Contributor a: <input type="checkbox"/> Lobbyist <input type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent | | | | |
| Full Name, Complete Address | | | | |
| Is Contributor a: <input type="checkbox"/> Lobbyist <input type="checkbox"/> Lobbyist Spouse <input type="checkbox"/> Lobbyist Dependent | | | | |
| Subtotal Section M (Enter on Line 11, Column A) | | | | \$ 100.00 |

| N. Expenditures 1 (Paid by Committee) | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|--|---------------------------------|---|--|----------------------------|--------------------------------------|-------------------------|
| Name, Address of Payee The Register 100 Granet Dr. New Haven, CT | Purpose of Expenditure (by Code) A | Secondary Payee Amount (if any) | Candidate(s) supported or opposed (if applicable) | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | Check Number 110 | Date (MM/DD/YYYY) 08-15-06 | Amount 500.00 |
| New Haven Town Com. 70 Pine St. New Haven, CT | RC | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | 111 | 08-15-06 | 200.00 |
| Fleet Bank 1 Banking Center New Haven, CT | B | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | 09-01-06 | 6.00 |
| Leslie Jones 24 Briarwood Dr. New Haven, CT | RW | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | 113 | 09-01-06 | 140.00 |
| Foodways 1 Main St. New Haven, CT | SP-F | 110.00 | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | 09-01-06 | |
| Beverages R Us 25 E. Main St. New Haven, CT | SP-F | 30.00 | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | 09-01-06 | |
| Fleet Bank 900 Pine Street New Haven, CT | L | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | 114 | 09-03-06 | 100.00 |
| New Haven Town Com. 70 Pine Street New Haven, CT | RC | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | 115 | 09-03-06 | 200.00 |
| Subtotal Section N - This Page | | | | | | | \$1,146.00 |

Total of all Section N Pages
(enter this amount on Line 9 Column A on the Summary Page)

\$1,736.00**23****24****25****26****26****26****27****28**

Committee Name: **Elect Mary Smith for State Representative** Filing Due Date: **10/ 10/ 2006****EXTRA SECTION N EXPENDITURES PAGE(S)**

| N. Expenditures 1 (Paid by Committee) | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|----------------------------------|---------------------------------|---|--|--------------|-------------------|-----------------|
| Name, Address of Payee | Purpose of Expenditure (by Code) | Secondary Payee Amount (if any) | Candidate(s) supported or opposed (if applicable) | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | Check Number | Date (MM/DD/YYYY) | Amount |
| New Haven Country Club 1 Golf Drive New Haven, CT | F | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | 116 | 9-19-06 | 400.00 |
| Mary Smith 250 Oak St. New Haven, CT | RW | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | 117 | 09-25-06 | 190.00 |
| | | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | | |
| | | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | | |
| | | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | | |
| | | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | | |
| | | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | | |
| | | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | | |
| | | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | | |
| | | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | | |
| Subtotal Section N - This Page | | | | | | | \$590.00 |

29

32

O. Expenses Incurred During this Period but Not Paid

| 1 Name, Complete Address of Oblige | 2 Expenditure Code | 3 Candidate's Supported Or opposed (if applicable) | 4 <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | 5 Date (MM/DD/YYYY) | 6 Amount Incurred |
|--|--------------------------|--|--|---------------------------|-------------------------|
| EZ Printing 31 Quartz St. New Haven, CT | PR | | | 09-05-06 | \$ 100.00 |
| WELI 33 Stone Place New Haven, CT | A | | | 09-25-06 | 100.00 |
| | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | |
| | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | |
| | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | |
| | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | |
| | | | <input type="checkbox"/> In-Kind Cntrb. <input type="checkbox"/> Ind. Exp. <input type="checkbox"/> Reimb. Claimed | | |

Subtotal Section O
(Enter on line 12,
Column A)\$ **200.00**

Previously reported Unpaid Still Outstanding

\$ **-0-**

+

(Enter total on Line 12, Column B on Summary Page

\$ **200.00**

30

31

32

| P. Campaign Expenses Paid by Candidate (Candidate and Exploratory Committees Only) | | | | |
|---|----------------------------------|--|-------------------|---------------------|
| Name, Complete Address of Payee | Purpose of Expenditure (By Code) | Is Reimbursement Claimed? (✓) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Date (MM/DD/YYYY) | Amount |
| EZ Printing 21 Quartz St. New Haven, CT | PR | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 08-10-2006 | 70.00 |
| New Haven Lumber 12 Beech St. New Haven, CT | A | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 09-07-2006 | 100.00 |
| Kyle Paper Goods 121 Chapel St. New Haven, CT | F | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 09-07-2006 | 20.00 |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Subtotal Section P (Enter on line 13, Column A) | | | | 190.00 \$ |

3